



Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

W-2 REQUEST FOR DUPLICATE

Fee Schedule		Tax Years Requested
Tax Year(s)	Fee per Duplicate	
Most recent tax year (Feb. 15 th to April 15 th)	\$ 0	
2010 to most recent tax year	\$11.50	
Prior to 2010	\$19.00	

► **Payment must be received prior to request being processed.**

► **Non-active County-employees must make payment in cash, money order or cashier's check.**

Must print in Black or Blue ink ONLY

Employee ID	Last Name, First Name	Social Security No.	
Mailing Address		City	State Zip

Note: Payroll Specialist will update address as needed based upon the above information

If submitting request by mail, submit a check or money order for total amount due made payable to: "San Bernardino County". Submit request to: Central Payroll; Attn: W-2 Request Desk; 268 W. Hospitality Lane; San Bernardino, CA 92415-0032

Check one of the following:

Call when ready to pick up*

Send to the mailing address above

*W-2(s) not picked up after 2 weeks of notification will be mailed to the employee's current mailing address.

I understand that by signing this form, I am acknowledging that any check not honored by my bank will result in a \$25.00 returned check fee in addition to the payment amount of my request.

Employee Signature	Telephone ** ()	Date
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****Please note: The telephone number provided must accept blocked calls**

Payroll Specialist Verification:	<input type="checkbox"/> Address updated
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Payroll Specialist Name (Print & Sign)	Telephone ()	Date
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Office Use Only

Date Payment Rec'd	Amount Rec'd	Type of Payment			Receipt Number	Processed By
		<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cash		

Complete if W-2 is mailed to employee

Address Updated (Initials)	Date	Reviewed By (Initials)	Date	W-2 Mailed By (Initials)	Date
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Complete if W-2 is picked up by employee

W-2 Released By (Initials)	Employee Signature	Date
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DISTRIBUTION: Original – Central Payroll (0032)